

<b>Case Number:</b>	CM15-0064382		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 32-year-old male who sustained an industrial injury on 02/18/12. Initial complaints and diagnoses are not available. Treatments to date include medications and ankle surgery. Diagnostic studies are not discussed. Current complaints include left ankle swelling and pain. Current diagnoses include status post left ankle Rostrum's procedure with open reduction internal fixation of fracture, neuropathic pain, and anxiety and panic attacks. In a progress note dated 02/25/15 the treating provider reports the plan of care as continued pain medications including Norco, Effexor, Xanax, and Lyrica and a CT scan of the ankle. The requested treatment is Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**NORCO TAB 10-325MG TID #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Norco tab 10-325mg TID #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring and addressing of the 4A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Additionally the urine drug screen dated 10/15/14 revealed inconsistent findings of cannaboid, which was not addressed. The documentation reveals that the patient has been on long term opioids without significant objective findings of functional improvement. For these reasons, the request for Norco is not medically necessary.